

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Trusted Leadership PAC			FEC IDENTIFICATION NUMBER ▼ C C00609511		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Define Idea			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2016		
Mailing Address 1761 Chace Drive			Amount 5000.00		
City Hoover	State AL	Zip Code 35244	Transaction ID : SE.4607		
Purpose of Expenditure Social Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2016		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought 831072.04			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rigel Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2016		
Mailing Address 3948 Legacy Drive Suite 106-282			Amount 65237.50		
City Plano	State TX	Zip Code 75023	Transaction ID : SE.4604		
Purpose of Expenditure Radio Buy and Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2016		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought 760834.54			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70237.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kurt O'Keefe</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 04 / 25 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Trusted Leadership PAC		FEC IDENTIFICATION NUMBER ▼ C C00609511	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rigel Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2016	
Mailing Address 3948 Legacy Drive Suite 106-282		Amount 32618.75	
City Plano	State TX	Zip Code 75023	Transaction ID : SE.4605
Purpose of Expenditure Radio Buy and Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rigel Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2016	
Mailing Address 3948 Legacy Drive Suite 106-282		Amount 32618.75	
City Plano	State TX	Zip Code 75023	Transaction ID : SE.4606
Purpose of Expenditure Radio Buy and Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2016
Name of Federal Candidate JOHN R KASICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65237.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Kurt O'Keefe

[Electronically Filed]

Date

MM / DD / YYYY
04 / 25 / 2016

Signature

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NAME OF COMMITTEE (In Full) Trusted Leadership PAC		FEC IDENTIFICATION NUMBER ▼ C C00609511
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Stars and Stripes		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016
Mailing Address 7560 W 100th Place		Amount 704.04
City Bridgeview	State IL	Zip Code 60455
Purpose of Expenditure Printing	Category/Type 004	Transaction ID : SE.4618 Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2016
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 695597.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	704.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	136179.04

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*Kurt O'Keefe**[Electronically Filed]*

Date

MM / DD / YYYY
04 / 25 / 2016

Signature